FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:29

DOCUMENT # **708581** **(4)**

1. Corporation Name
SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
124 ROBIN ROAD SUITE 1100 ALTAMONTE SPRINGS FL 32701	124 ROBIN ROAD SUITE 1100 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 03/02/1965
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1147333 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEDLEY, GARY 124 ROBIN ROAD SUITE 1100 ALTAMONTE SPRINGS FL 32701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MEIER, DAVID P.	1.2 NAME	MEIER, DAVID P.	
STREET ADDRESS	663 WOODRIDGE RD.	1.3 STREET ADDRESS	6605 Hopi Trail	
CITY-ST-ZIP	FERN PARK FL	1.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	D	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	CUEVAS, MIRTHA, M.D.	2.2 NAME	CUEVAS, MIRTHA, M.D.	
STREET ADDRESS	1230 HILLCREST ST	2.3 STREET ADDRESS	2106 Hillcrest St.	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	DST	3.1 TITLE	DST	☐ Change ☒ Addition
NAME	MEIER, DEBORAH	3.2 NAME	Womack, Bruce	
STREET ADDRESS	663 WOODRIDGE RD. DELETE	3.3 STREET ADDRESS	2710 N. Dellwood Dr.	
CITY-ST-ZIP	FERN PARK FL	3.4 CITY-ST-ZIP	Eustis, FL 32726	
TITLE	DVP	4.1 TITLE		☐ Change ☐ Addition
NAME	BERGMAN, JAMES C.	4.2 NAME		
STREET ADDRESS	1855 DESOTO DRIVE DELETE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPGS. FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID P. MEIER David P. Meier 01/26/95 (904)728-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030643